

9-11 EXPERIENCE

**Interview with Kathleen M. Broderick
Associate Commissioner
New York City Regional Office of Mental Retardation and
Developmental Disabilities
February 22, 2005**

**Prepared for
Dr. Margaret J. Giannini, Director, Office on Disability
Department of Health and Human Services.**

**By
Kathy Hargett
Member, President's Committee for People with Intellectual Disabilities
April 20, 2005**

Introduction

The New York City Regional Office of the Office of Mental Retardation and Developmental Disabilities (NYCRO/OMRDD) had developed contingency plans in anticipation of Y2K emergencies. When the World Trade Center attacks took place, the plans were implemented with modifications. The Associate Commissioner, NYC Regional Office of MR/DD, is responsible for 65,000 consumers who receive services within the five New York Boroughs. (Note: This only considers individuals with MR/DD who receive services from the NYC Regional Office. It does not include other developmentally disabled individuals in the City, such as those receiving services from the Education system).

This report is based on a face-to-face interview between the author, Kathy Hargett, Member, President's Committee for People with Intellectual Disabilities and Kathleen M. Broderick, Associate Commissioner, NY City Regional Office of Mental Retardation and Developmental Disabilities. It discusses the actions taken by the NYCRO/MRDD in response to the 9/11 attacks and includes strategies that worked in addition to suggestions for future consideration.

Background

Emergency Crisis Centers routinely operate in each of the five New York Boroughs. When not in use for crises, they function as 24/7 site operation facilities, overseeing group homes and handling incidents that arise within that population. They are staffed with a guard and an Administrator on Duty.

The Centers are comprised of:

1. a command post
2. information on emergency residential bed capacity (previously identified)
3. information on emergency respite centers (previously identified)

The center has a bank of telephones, which are normal telephone lines. Experience has shown at least one telephone, which does not require electricity, is essential. During 9/11 when telephones and cell phones did not work, e-mails and fax machines did work. A computer in the Center is connected to a central data system. Critical data on that computer is backed up on discs to ensure its availability and accessibility within and outside the Center.

In the normal day-to-day operations the Developmental Disabilities Services Office (DDSO) updates the system to enter new people, delete people, or add new respite care locations. The discs referenced above include this data. The discs contain relevant information on the names of the DD population served (65,000)

in the five Boroughs, which agency serves them, and any essential information on residential programs in the Borough.

In addition to emergency contact information for all upper level management, the discs contain information on respite centers and residential bed capacity. This information is updated every 72 hours. For example, 32 beds for residential or respite care may become available in the public domain, such as a camp in the suburbs. The camp is a potential respite location when weather doesn't preclude access or it is in use as a camp. Hotels have agreed to serve as temporary residential centers in a crisis. The need for these facilities is ongoing to ensure there will be beds if an emergency arises. Following 9/11, a gymnasium in a day program was outfitted with 60 beds for future use as a respite center.

Events of 9/11

The basic premise in Y2K planning was that if an event took place, it would happen at night, not during the week at the start of the workday. On 9/11 OMR/DD directors were in Albany for meetings. The next level in the administration had to activate the Crisis Centers.

The first order of business was identifying the DD population and Agency Administrative Offices within Ground Zero. The information already existed on the database (and on the discs). It had been set up by zip code because it was the most efficient way to break down demographics in New York City. This was critical in identifying who and what programs were within a 10-block radius (Hot Zone) of the World Trade Center. Results follow:

- Within a 10-block radius of WTC there were eight group homes with 96 people (disabilities ranged from extremely profound to high functioning). Several homes were within a two-block radius of the Hot Zone. Three consumers lost families in the WTC.
- There were 117 consumers working in or around the WTC. Immediate identification of these people was possible because they were enrolled in OMR/DD licensed programs.
- There were 16 adult day programs serving greater than 2,000 people (disabilities ranged from extremely profound to high functioning). Some of these consumers lived at home. In this population, some parents and guardians perished.
- There were five residential programs serving 44 consumers in Manhattan which were relocated.
- An administrative office (Maiden Lane program) was in the same block as the WTC and had to be relocated to Staten Island.

The involvement of Providers in responding to the crisis was critical. They were considered OMR/DD partners and were part of the planning and training for Y2K. Information was communicated through Providers who were given addresses for respite centers prior to 9/11.

Change of Plan

When the second plane hit the World Trade Center, a third plane crashed in Pennsylvania, and a fourth plane hit the Pentagon, it was apparent there was a national crisis. Rumors abounded. The action plan was modified, yielding the following:

- Residential programs for all five Boroughs had to be identified by zip code.
- Some buildings in the Hot Zone had to be locked down creating an increase in demand for residential capacity.
- The entire region south of 34th Street had to be locked down.
- NY City Regional Office of MR/DD could not be used as an Emergency Crisis Center and was locked down because of its proximity to the Hot Zone.
- Seven potential respite centers were unavailable because they were in the Hot Zone.

Once the number of people who needed to be served had been identified, the following action had to be taken:

- The 117 WTC employees had to be found.
- People in the eight group homes had to be relocated.
- 2,000 people in the day programs had to be relocated.
- 200 people, who lived at home but at the time of the attack may have been in another Borough and unable to return home, had to be accommodated in other Boroughs.
- Essential staff was mandated to remain at work.
- Phones that didn't work were supplemented by faxes and e-mail, which did work.

NYCRO OMR/DD's command center moved from Manhattan to the Bronx. Because of previous planning and training, all providers knew where to go or who to call. OMR/DD depended on providers to educate direct care staff and it paid off. In some instances direct care staff walked their consumers across the Brooklyn Bridge to their homes or Emergency Crisis Centers which they knew about. One lesson learned was the need to educate transportation companies on where Emergency Crisis Centers are located.

The Days Following

- Six adult day programs serving 625 of 2,000 consumers had to be relocated.
- Two Agency Administrative Offices had to be relocated.
- NYC Police Department was contacted to establish emergency travel routes.
- Search procedures were initiated to locate the 117 World Trade Center consumers.

On the first night some of the 117 WTC consumers walked around aimlessly. Agency offices checked with employers and checked lists at family emergency centers. Some consumers were found in hospitals, unhurt; people recognized they were lost but not hurt. Others were protected by fate. For example, on the morning of 9/11 one driver approached the WTC to drop off several consumers who worked there. When he saw what was happening he drove away with the consumers still in the van. He couldn't be located for some time because areas had been closed off. He finally ran out of gas and the van was located when Agency staff called his last known drop-off location and went to the area.

By the fourth day all 117 WTC consumers had been located. Some were in hospitals unable to take care of themselves; others went to friends' houses. Two took buses, trains, etc., over a nine hour period and got home to Brooklyn. Another couldn't be located after numerous calls and visits to his apartment over a period of several days. On the fifth try he answered the door. He did not go to work on 9/11 and stayed home to clean his kitchen. Each time a contact attempt was made, he was out visiting friends, away from the apartment, etc. Now agencies are required to check in with these people by phone every 24 hours. If phone contact isn't made, agencies are required to make a personal visit.

Eleven consumers worked at Windows on the World and had lockers on the ground level rather than the restaurant level. As they were checking in and planes hit the building, they left.

Nine consumers worked at the Port Authority. A woman moved them toward a stairwell and told the first one to take another's hand, creating a chain of all of them holding onto another's hand. She told them to keep going down the stairwell until they were all out of the building. They got out, she did not.

As Hot Zones were diminished, people were moved back to their homes/programs.

Establishing Effective Communication

Priority calling (a telephone system) became necessary and involved working with Verizon to determine the procedures for using it. Communication had to be maintained with Provider agencies to identify emergency respite, residential, and crisis center sites. Since fax machines worked, there was a concerted effort to make sure a functioning fax machine was in each emergency location. There was a need to maintain constant communication with programs which were in the process of relocating themselves and their consumers. Communication had to be maintained between the Associate Commissioner's office, emergency centers, and offices in Albany.

Consistent communication was critical in locating missing consumers and maintaining contact with families, in some instances extended families. The ability to respond to unforeseen emergencies was critical. Example: someone was on a ventilator with limited capacity. Contact had been made and a relationship established with the Office of Emergency Management which facilitated quick turnaround to address this situation.

Strategies that Worked

- There were Emergency Crisis Centers in each of the five Boroughs.
- Excess planning for emergency residential facilities ensured capacity met needs.
- There was direct communication with NYPD and FDNY through the Office of Emergency Management, which includes State, Federal, and City personnel. It is not possible for every Provider to have a direct link to this Office.
- A communication system with Provider agencies had been established and was ongoing.
- Arranging for on-call transportation (clearly marked State official vehicles) for access to the Hot Zone.
- Access to a State vehicle with police seal for use within the Hot Zone.
- Phone tree contacts were established ensuring people were close enough and could walk to make contact if phones weren't working.
- Ready to go packets
 - Already existed in group homes
 - Contain demographic information—name, address, telephone, age, allergies, list of medications, copies of Medicaid cards, medical orders, copy of social security cards, a 7-day supply of medications, information on the pharmacy that provided medications, personal likes/dislikes, family contacts, picture of individual. Medications

were a one-time request, handled by the Central Office in Albany, for a one week supply which didn't count toward the 30-day supply. These medications are used first so they don't expire and are replaced from the next month's supply. Direct care staff were still at the group homes and took the emergency packets to Crisis Centers.

- Personal identification based on cognitive level
 - High functioning – have laminated ID cards which are non-driver's license cards on their person.
- Zip-coding of residential and program sites
 - Within 30 seconds knew who, what, where to identify field of vulnerability
 - Zip code approach may not be appropriate in other locations.
- Y2K Planning

Strategies for Future Consideration

- Y2K planning did not address daytime occurrences because that plan assumed an event at midnight.
- Additional plans are needed to address the degree of inter-Borough travel which transpired, especially for medically challenged individuals.
 - One individual lived in Manhattan but the Crisis Center was in Queens.
 - Satellite programs are now set up.
- Identification of year-round respite and residential centers.
 - Every 72 hours information database is updated (hotels, camps) and copied to disc for availability and portability in addition to paper copy.
- Development of plan for consumers in residential care without 24-hour supervision.
 - Some refused to leave their home.
 - Every agency must now contact their consumers in a 24 hour cycle. They must visit if they can't make contact by phone.
- Fax and internet distribution lists must be current.
- Refinement of communication system must be ongoing.
- A satellite-based phone system is now available because land-line telephones and cell phones didn't work. This phone is on the same frequency as the police and fire department and is controlled by Albany.
- Every piece of clothing has to be tagged – name and phone number has to be *sewn* into every piece of clothing (such as labels for camp clothing).
- Family contact information has to be updated for extended families—primary, secondary, and tertiary contacts.

- Information must be continually updated with contact names which include all licensed agencies and every group home address and phone contacts.

Now In Place in NYC

- AOD – administrator on duty (would have to go to the crisis location; this is 24 hours a day, 7 days a week). The AOD is on site in each Borough.
- AOC – administrator on call – is on a beeper and is responsible for notifying others.
- HAOC – head administrator on call – is on a beeper.

Three things that worked:

1. OMR/DD knew its population of vulnerability, which was an asset. Having the information facilitated access to the information needed to respond. However, there are some populations of vulnerability not in the database which may not be covered, such as:
 - a. ILC – independent living centers; not MR but stroke victims.
 - b. Traumatic brain injury, MS, ALS.
2. Someone has to be designated in charge and coordinate massive efforts or else people go in too many directions and there is no coordination.
3. The person in charge should be familiar with local emergency personnel, fire, police, etc. and know the systems working in the locality. When there is a time-dependent emergency, the response can be smoother/faster if a relationship has been established.

Conclusions

The New York experience is rich with components that are applicable to other jurisdictions. While the Y2K planning did not anticipate this crisis, it provided a framework for immediate action. Viable contingency planning facilitated the response that was required to meet the needs of this vulnerable population.

Some highlights of the New York experience merit our attention:

- Established Emergency Crisis Centers
- Established process for identifying individuals, locating them, and locating their programs
- Availability of respite centers and residential bed facilities
- Critical demographic information on portable discs

- Provider partnerships
- Y2K planning and training which included Providers
- Ready to go packets which included medications for 7-days

Personal identification remains an issue but the suggestion that name and phone numbers be sewn (versus ironed or pinned) into clothing is worthy of consideration. While some may view the procedure for checking in with consumers who live alone invasive, experience warrants it.